



**MARICOPA  
INTEGRATED  
HEALTH SYSTEM**

*Count on us to care.*

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT**  
**d.b.a. MARICOPA INTEGRATED HEALTH SYSTEM**  
2611 E Pierce Street, 2<sup>nd</sup> Floor  
Phoenix, AZ 85008-6092  
602-344-1497 - Voice  
602-344-1813 - Fax

May 15, 2003

**REQUEST FOR PROPOSAL**  
**PHLEBOTOMIST SERVICES**  
**C-90-03-028-RFP**

**DUE: Open and Continuous**

Deadline for Inquiries

Open and Continuous

Time and Date Proposals Due

Open and Continuous

**SOLICITATION NUMBER: 90-03-028-RFP**

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## NOTICE OF SOLICITATION

**Solicitation #03-028-RFP**

### REQUEST FOR PROPOSALS:

Maricopa County Special Health Care District dba: Maricopa Integrated Health System (MIHS) hereby solicits sealed proposals from qualified proposers to provide Phlebotomist Services.

A Request for Proposal document may be obtained at:

Maricopa Integrated Health System  
Contract Management  
2611 East Pierce, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85008

Or at the MIHS web site: <http://www.mihs.org/openbid/index.html>

Written questions concerning this Request for Proposal package may be addressed to Thomas Kealy on an open and continuous basis. Questions may be submitted to Thomas Kealy via e-mail at [thomas.kealy@mihs.org](mailto:thomas.kealy@mihs.org) or may be faxed to 602-344-1813. Inquiries may be submitted by telephone, but must be followed up in writing. No oral communication is binding on MIHS. Answers to the written questions submitted by Proposers concerning the RFP will be provided in the form of an Addendum via the MIHS website. It is the responsibility of all potential Proposers to check the MIHS web site for any addendums to the RFP and to ensure signed Addenda are included in their Response to the Solicitation.

Completed and sealed proposals, including one (1) original may be submitted to Contract Management at the address above on an open and continuous basis. Proposers assume all risk associated with deliveries of proposals.

This announcement does not commit MIHS to award a contract or to pay any costs incurred in the preparation of Proposals. MIHS reserves the right to accept or reject, in whole or in part, all proposals submitted and/or to cancel this announcement. MIHS reserves the right to award more than one contract based upon the Proposal(s) most advantageous to the Maricopa Integrated Health System, price and other factors considered. The contract is scheduled for award upon acceptance through June 30, 2009 with the option to extend for additional one-year periods. The MIHS Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Full text of the MIHS Procurement Code may be found at the following link: <http://www.mihs.org/docs/DistrictProcurementCodeEff06-25-2008.pdf>. MIHS reserves the right to award this contract in whole or in part to one or more contractors.

MIHS will endeavor to ensure in every way possible that minority and women-owned business enterprises shall have every opportunity to participate in providing professional services, purchased goods, and contractual services without being discriminated against on the grounds of race, religion, sex, age or national origin.

## **1.0 EXECUTIVE SUMMARY**

### **1.1 General MIHS Information**

Maricopa Integrated Health System (MIHS) includes Maricopa Medical Center (MMC), the Arizona Burn Center, the Comprehensive Healthcare Center, 11 community-oriented family health centers, and an attendant care program. Maricopa Medical Center also serves as a premier training center for the nation's physicians. MIHS is located in the central portion of Arizona.

MIHS is the health care safety net for citizens of Maricopa County. The health system serves people of many nationalities who come from diverse cultures and speak several different languages. MIHS provides care for all that enter its doors. Annually, MIHS has nearly 20,000 inpatient admissions and 300,000 outpatient visits.

Maricopa Medical Center is a 541-bed licensed, full-service hospital, which includes the Valley's only pediatric emergency department open 24 hours a day, every day, as well as one of three Level I Trauma Centers in the Central Valley. The Arizona Burn Center, Arizona's only regional burn center, and the Maricopa Psychiatric Center, a 92-bed behavioral health facility are also on site. Outpatient primary and specialty care is also offered at the Comprehensive Healthcare Center, a specialty care clinic located at the MMC campus.

Maricopa Integrated Health System has 11 Family Health Centers throughout the Valley. The professional medical staff at all 11 centers are trained and certified in primary care and focuses on the treatment of both adults and children. Many of our Family Health Centers are designed to provide all your health care in one location, including primary care, dental care and pharmacy services.

Maricopa Integrated Health System's Desert Vista Behavioral Health Center provides a safe place for people in need of behavioral health care and psychiatric services. At Desert Vista, inpatient psychiatric services are provided in a comfortable, friendly environment. Located in Mesa, Desert Vista Behavioral Health Center specializes in the care of patients with major mental illness in an inpatient setting. The Center's medical staff consists of psychiatrists, nurse practitioners and psychologists.

### **1.2 Intent**

**1.2.01** This service provides professional blood draws, specimen handling, and specimen transporting services for medical/diagnostic measures.

### **1.3 Scope of Services**

**1.3.01** This Contract will provide Phlebotomist Services for the Maricopa Medical Center Laboratory Department. Phlebotomists will perform blood draws at contracted nursing home facilities, Desert Vista Behavioral Health Facility and various home health and hospice locations. Phlebotomist will then transport blood specimens to the Maricopa Medical Center Laboratory located at 2601 East Roosevelt, Phoenix, Arizona. Maricopa Integrated Health System projects that approximately 30,000 draws/collections will be required per year.

**2.0 SCHEDULE OF EVENTS**

The time frame for the procurement under this RFP is as follows:

Notice of Solicitation Issued	Open and Continuous
Deadline for Written Questions	Open and Continuous
Proposal Submission Deadline	Open and Continuous
MIHS Proposal Review	Open and Continuous
Oral Presentations	Open and Continuous
Contract Award	Open and Continuous
Contract Start Date	Open and Continuous

MIHS reserves the right to deviate from this schedule.

**3.0 WORK STATEMENT**

**3.1 SERVICE GOAL**

3.1.1 To provide professional blood draws, specimen handling, and specimen transporting services for medical/diagnostic measures.

**3.2 UNIT OF SERVICE**

3.2.1 One unit of service equals one blood draw and transport of specimen.

**3.3 SERVICE OBJECTIVES AND TASKS**

3.3.1 **OBJECTIVE 1:** To perform all blood draws as ordered by the Maricopa Medical Center Laboratory and Desert Vista Behavioral Health Facility.

**3.3.2 TASKS**

3.3.2.1 Provide phlebotomy services, as requested by the Maricopa Medical Center or Desert Vista Behavioral Health Facility, 24 hours per day 365 days per year.

3.3.2.2 Provide all Stat ordered phlebotomy requests within 2 hours of request.

3.3.2.3 Follow Maricopa Medical Center blood draw protocols, incorporated into this Contract by reference, as though fully set forth herein.

3.3.3 **OBJECTIVE 2:** Transport blood specimens from draw site to Maricopa Medical Center Laboratory.

3.3.3.1 Follow Maricopa Medical Center blood draw protocols for specimen transport, incorporated into this Contract by reference, as though fully set forth herein.

3.3.3.2 Obtain signature of Laboratory Assistant upon delivery of specimen to Maricopa Medical Center Laboratory.

**3.4 STANDARDS AND LICENSURE**

3.4.1 Contractor must not be under any sanctions, restrictions or provisional status from the licensing/certifying agency.

3.4.2 All applicable provisions of law and other rules and regulations of all governmental accrediting and regulatory authorities relating to the licensure and services provided under this Contract shall be fully complied with by the Contractor.

3.4.3 The Contractor shall possess current valid professional licenses and/or certification for all services that they will provide.

3.4.4 The Contractor shall provide copies of the most recent licenses and certifications.

3.4.5 Maintain current documentation on file of:

3.4.5.1 Current Arizona licenses or required certifications.

3.4.5.2 Current annual negative TB skin test or chest x-rays.

3.4.5.3 Current immunization/vaccine status including but not limited to:

3.4.5.3.1 Hepatitis B

3.4.5.3.2 Measles (Rubeola)

3.4.5.3.3 Mumps

3.4.5.3.4 Rubella

3.4.5.3.5 Polio

3.4.5.3.6 Tetanus

3.4.6 Contractor shall comply with all Federal, State and Local legislation rules and regulations relating to the provision of services under the terms of this Contract.

3.4.7 Contractor must be in compliance with MIHS Healthcare Regulations.

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- 3.4.8 Contractor at his/her own expense will possess a cellular telephone in order to be notified of requests and or to allow Maricopa Medical Center or Desert Vista Behavioral Health Center to obtain immediate status of the blood draw and specimen transport request.
- 3.4.9 Contractor shall possess a current Arizona Drivers License and obtain minimum automobile insurance as required in Section I, General Provisions, Paragraph 22.

MIHS reserves the right to add or delete services associated with this solicitation, and the subsequent contract(s), as needed by MIHS.

## **4.0 EVALUATION CRITERIA AND PROCESS**

### **4.1 Evaluation Criteria.**

- 4.1.1 Evaluation criteria to be utilized in determining the successful Proposer are listed below and appear in descending order of relative importance (i.e., the first criterion listed carries equal or more weight than the ones below it).
- 4.1.2 Response to RFP requirements.
  - 4.1.2.1 Proposer must sign page 32 signifying that they have read, understand and will comply with each requirement set forth in Section 3.0 Work Statement.
- 4.1.3 Phlebotomist Experience.
  - 4.1.3.1 This will include a thorough and detailed review and follow-up of proposer's references.
- 4.1.4 Submission of Required Documentation.
  - 4.1.4.1 This will include a thorough review of all certifications, including Insurance Certificates and required documentation.

### **4.2 Proposal Review Process.**

- 4.2.1 A committee composed of various representatives from the MIHS Laboratory will evaluate responsive proposals. The Committee may request additional information from Proposers through oral presentations or correspondence. The Evaluation Committee will prepare an objective ranking of the proposals. MIHS may, at its sole discretion, reject any or all proposals submitted in response to this Request for Proposal.

### **4.3 Oral Presentation.**

- 4.3.1 Proposers whose submission most closely meet the selection criteria and which are deemed to be the most advantageous to the County may be requested to give an oral presentation to members of the Evaluation Committee. Proposers may be requested to address specific parts of their Proposal at that time. The MIHS Contract Management Department will schedule the time and place for Oral Presentations.

### **4.4 Competitive Negotiation.**

- 4.4.1 MIHS retains the right to negotiate the final contract terms and conditions, to be presented to the MIHS Board of Directors or their designee for approval, with one or more of the apparent most responsive Proposers as solely determined by MIHS.
- 4.4.2 MIHS reserves the right to request clarification, to conduct discussions with Proposers to request revisions of proposals, and to negotiate price changes or waive minor informalities. During the discussion period, no information will be disclosed regarding either the contents of Proposals or discussions. When the Board of Directors or their designee makes an award, the solicitation file and the Proposals are a matter of public record.

### **4.5 Award Of Contract.**

- 4.5.1 Subject to the Board of Directors or their designee's approval, award will be made to the Proposer whose proposal has been deemed most advantageous to MIHS in accordance with the evaluation criteria contained in this RFP.

## **5.0 INSTRUCTIONS TO PROPOSERS**

### **5.1 General Directions.**

This Request for Proposal (RFP) package contains all the information and forms necessary to complete and submit a proposal. Proposers are encouraged to review the RFP package in detail prior to commencing work.

Any person, firm, corporation or association submitting a Proposal shall be deemed to have read and understood all the terms, conditions and requirements in the specifications. Conditional Proposals will not be considered. All Proposals must be signed by an authorized signatory; unsigned Proposals may be rejected.

All responses and accompanying documentation will become the property of MIHS at the time Proposals are opened. Proposals deemed to be non-responsive will be returned to the Proposer.

### **5.2 Required Response Format.**

To assist in the evaluation process, all proposals must follow the same format. Proposals in any other format may be considered informal and may be rejected.

One original copy of the Proposal must be submitted in sealed package and must have sections tabbed and labeled as follows. The original must be labeled as such.

- Table of Contents
- Authorization to Submit Proposal and Required Certifications (Attachment A)
- Phlebotomist Questionnaire (Attachment B)
- References (Attachment C)
- Proposer's Pricing (Attachment D)
- Respondent's Reply to Work Statement (Attachment E)
- Proposer's Checklist (Attachment G)
- Signed Addenda to this RFP

### **5.3 Authorization to Submit Proposal (Attachment A).**

Attachment A must be completed and signed by a person authorized to make a binding offer for their organization. The original signed document must be included in the submission.

### **5.4 Phlebotomist Questionnaire (Attachment B).**

Proposers must complete the information requested in Attachment B. Necessary directions are included in the document.

### **5.5 References (Attachment C).**

Proposers must use the format provided in Attachment C for References. Proposers are to supply references from at least three (3) companies or organizations for which they provide similar services.

### **5.6 Proposer's Pricing (Attachment D).**

This section is the Proposer's pricing acceptance and agreement to provide phlebotomy services on a per draw basis as indicated in Attachment D.

5.7 Signed Addenda.

It is the Proposer's obligation to assure that they have received and reviewed all Addenda issued. Proposers must include a signed copy of each Addenda cover page issued in relation to this RFP within their Proposal. Proposers who fail to submit all signed Addenda may be deemed nonresponsive and may be rejected. Addenda returned to MIHS separately from the Proposal will not be retained. Any Addenda to this solicitation will be posted on the Maricopa Integrated Health System Web Site under the Solicitation number.

5.8 Response to Work Statement Requirements (Attachment E).

Proposers must use the form provided in Attachment E. This document must be signed by the Proposer stating they have read, understand and will remain in compliance with all requirements set forth in Section 3.0, Work Statement.

5.9 Proposer's Checklist (Attachment G).

A Proposer's Checklist is included to assist Proposers in preparing the proposal for submission (Attachment G). It lists all items necessary to assemble a complete proposal. A completed Proposer's Checklist (Attachment F) must be included with the submission.

5.10 Submission of Proposal.

Complete and sealed submissions must be delivered with the Solicitation Number 90-03-028-RFP clearly visible on the outside of the parcel. Completed and sealed Proposals, including one original copy must be delivered to the location specified below. Sealed parcels are submitted to MIHS Contracts Management, 2611 East Pierce, 2nd Floor, Phoenix, Arizona 85008 on an open and continuous basis.

**ATTACHMENT A: AUTHORIZATION TO SUBMIT PROPOSAL AND REQUIRED CERTIFICATIONS**

By signing below, the Proposer hereby certifies that:

- \* They have read, understand, and agree that acceptance by MIHS of the Proposer's offer by the issuance of a purchase order or contract will create a binding contract;
- \* They agree to fully comply with all terms and conditions as set forth in the MIHS Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;
- \* They are in compliance with A.R.S. § 35-397 and A.R.S. § 35-391 and do not have scrutinized operations in Iran or the Sudan and are not in violation of the Export Administration Act.

The person signing the Proposal certifies that he/she is the person in the proposer's organization responsible for, or authorized to make, decisions regarding the prices quoted.

The proposer is a corporation or other legal entity.

No attempt has been made or will be made by the proposer to induce any other firm or person to submit or not to submit a Proposal in response to this RFP.

- All amendments to this RFP issued by MIHS have been received by the person/organization below. All amendments are signed and returned with the Proposal.
- No amendments have been received.

The price and terms and conditions in this Proposal are valid for 120 days from the date of submission.

\_\_\_\_\_ FIRM SUBMITTING BID

\_\_\_\_\_ ADDRESS

\_\_\_\_\_ TELEPHONE

\_\_\_\_\_ CITY STATE ZIP CODE

\_\_\_\_\_ FAX

\_\_\_\_\_ FEDERAL TAX ID / SOCIAL SECURITY NUMBER

\_\_\_\_\_ EMAIL ADDRESS

\_\_\_\_\_ AUTHORIZED SIGNATURE

\_\_\_\_\_ DATE

\_\_\_\_\_ PRINTED NAME AND TITLE

=====

=

MINORITY BUSINESS/WOMEN BUSINESS/SMALL BUSINESS (check appropriate item):

- \_\_\_\_\_ Minority Business Enterprise (MBE)
- \_\_\_\_\_ Women Business Enterprise (WBE)
- \_\_\_\_\_ Small Business Enterprise (SBE)

**ATTACHMENT B: PHLEBOTOMIST QUESTIONNAIRE**

**The Proposer shall use this document to describe their background and experience. Please attach copies of the documents requested below.**

1. To whom should correspondence regarding a contract be addressed?

Individual's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Detail experience within the last five years relevant to the proposed RFP, including specific details regarding the proposer's experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you provided phlebotomy services for a healthcare related (hospital, nursing facility, hospice facility, etc.) organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Provide a copy of your current resume.

5. Provide a copy of your current license.

6. Provide a copy of your up-to-date immunization records.

7. Have you ever been convicted of a crime other than a minor traffic violation?

Yes  No:

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you, at any time, had a conviction pending or been convicted, penalized or otherwise told you cannot work for a federally funded healthcare program because you violated federal or state laws?

Yes  No:

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The type and seriousness of the crime, along with your work history will be considered. A “Yes” response to questions 7 and 8 above will not automatically disqualify you from consideration for a contract with Maricopa Integrated Health System.

**ATTACHMENT C: PROFESSIONAL REFERENCES**

**Enter the information requested below for at least three professional references. These references should be current or recent clients for whom the Proposer has provided Phlebotomist Services similar to those solicited under this RFP:**

**REFERENCE #**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

Please provide a description of the services provided. Clearly identify the similarities and dissimilarities to the services being proposed in response to this RFP.

Description for Reference:

**ATTACHMENT D: PRICING**

Subject to the availability of funds and during the period **July 1, 2008 through June 30, 2009**, MIHS shall pay the Contractor the following fixed unit prices:

**Phlebotomy Rates**

Blood Draws for Contracted Nursing Facilities:	\$7.50 each draw.
Blood Draws for Desert Vista Behavioral Health:	\$5.50 each draw.
Blood Draws for Home/Hospice Patients:	\$12.00 each draw
Blood Draws performed between 35 – 49 miles, One way, from Maricopa Medical Center:	\$25.00
Blood Draws performed 50 miles or more, One way, from Maricopa Medical Center:	\$50.00

Upon successful negotiations with Proposer(s), pricing information will be inserted into Section III, Compensation, Paragraph 2, Pricing, of this contract.

I hereby certify that I acknowledge acceptance of the rates for Phlebotomist Services for the Contract term **July 1, 2008 through June 30, 2009**.

\_\_\_\_\_  
**Signature of Authorized Individual**

\_\_\_\_\_  
**Printed name of Authorized Individual**

\_\_\_\_\_  
**Date**

**ATTACHMENT E: RESPONSE TO WORK STATEMENT REQUIREMENTS**

Proposer must sign below indicating they have read, understand and will comply with each of the requirements listed in Section 3.0 Work Statement.

I have read, understand, and agree to comply with each Service Task and Standard as set forth in Section 3.0 Work Statement.

\_\_\_\_\_  
**Signature of Authorized Individual**

\_\_\_\_\_  
**Printed name of Authorized Individual**

\_\_\_\_\_  
**Date**

**ATTACHMENT F: CONTRACTOR EMPLOYMENT RECORD VERIFICATION REQUIREMENT**

The following is provided for informational purposes only related to this solicitation. Proposers awarded a contract subsequent to this solicitation will be expected, upon request by MIHS, to submit the forms in this ATTACHMENT H as a condition of the Contract.

**NOTE: IT IS NOT NECESSARY TO INCLUDE THE DOCUMENTS IN ATTACHMENT H WITH YOUR PROPOSAL.**



Contractor shall identify all contractor and subcontractor employees performing work under this contract and shall verify and certify that all employees working under this contract are in compliance with the Federal immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214.

**Maricopa County Special Health Care District, dba, Maricopa Integrated Health System (“MIHS”)  
Contractor Employment Record Verification Form and Employee Verification Worksheet**

Complete and return within 30 days of receipt or as specified in cover letter to:

**Maricopa Integrated Health System  
Contracts Management  
2611 E. Pierce St., 2<sup>nd</sup> FL  
Phoenix, AZ 85008**

A.R.S. § 41-4401 requires as a condition of your contract verification of compliance by the contractor and subcontractors with the Federal Immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of its employees.

By completing and signing this form and attached Employee Verification Worksheet the Contractor shall attest that it and all subcontractors performing work under the cited MIHS contract meet all conditions contained herein. Failure to complete and submit this form and attached worksheet on or before the request date to the above cited address and/or the falsification of any information provided herein shall be considered a material breach of the contract.

<b>Contract Number:</b>		
<b>Name (as listed in the contract):</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

I hereby attest that:

1. The contractor complies with the Federal immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of those employees performing work under this contract.
2. All subcontractors performing work under this contract comply with the Federal immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of their employees; and
3. The contractor has identified all contractor and subcontractor employees who perform work under the contract on the attached Employee Verification Worksheet and has verified compliance with Federal Immigration and Nationality Act (FINA), all other Federal immigration laws and regulations, and A.R.S. § 23-214.

Signature of Contractor (Employer) or Authorized Designee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date:



**ATTACHMENT G: PROPOSER'S CHECKLIST**

	Submitted Document	Required Original	# of Copies	CD ROM
_____	Authorization to Submit Proposal	1	_____	_____
_____	Phlebotomist Questionnaire	1	_____	_____
_____	References	1	_____	_____
_____	Proposer's Pricing	1	_____	_____
_____	Response to Work Statement	1	_____	_____
_____	Form W-9 (Addendum 2)	1	_____	_____
_____	Certificate of Personal Liability Insurance	1	_____	_____
_____	Certificate of Worker's Comp Insurance	1	_____	_____
_____	Certificate of Automobile Insurance	1	_____	_____
_____	Proof of Current Immunizations	1	_____	_____
_____	Proposer's Check List	1	_____	_____

**All items must be included in the Proposer's submission in order to be considered responsive to this RFP.**